

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

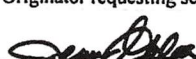
PLAINTIFF George J. Austin,	COURT CASE NUMBER 20-cv-00800-EMC
DEFENDANT Balance Staffing (Division of Personnel Staffing Group)	TYPE OF PROCESS Summons, Complaint, Order

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Balance Staffing (Division of Personnel Staffing Group)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2750 Cherryland Ave., Stockton, CA 95215

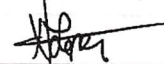
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW George J. Austin P.O. Box 1832 Oakland, CA 94604	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

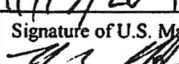
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2068	DATE 9/21/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk 	Date 10/5/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Sara Gihes	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 11/13/20 Time 10:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy  4270

Service Fee \$130	Total Mileage Charges including endeavors \$54.52	Forwarding Fee \$8.00	Total Charges \$192.52	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:
FWD TO 097

DISTRIBUTE TO:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

of DUSMS: 1
of hours for all DUSMS: 2 Form USM-285 Rev. 11/13
of round trip miles for all vehicles: 94